



CITY OF COVENTRY

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# ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1952







BAGINTON FIELDS SCHOOL  
PHYSIOTHERAPY



CITY OF COVENTRY

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## SCHOOL HEALTH SERVICE

### SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1952.

*Chairman*:—COUNCILLOR MRS. E. JONES.

*Vice-Chairman*:—COUNCILLOR MR. T. MEFFEN.

*The Mayor*:—ALDERMAN B. H. GARDNER.

COUNCILLOR MRS. E. ALLEN.

„ MR. W. A. BINKS.

\*ALDERMAN MRS. J. CANT.

COUNCILLOR MRS. A. F. EWART.

„ MR. L. LAMB.

„ MRS. A. OSBORN.

„ MR. G. S. N. RICHARDS.

„ MR. W. H. SMITH.

„ MR. W. SPENCER.

*Co-opted Members*:—MR. A. CHADBOURNE.

MR. G. H. ISON.

MRS. W. JACKSON.

MRS. H. I. SAUNDERS.

MR. F. WEST.

*Director of Education*:—MR. W. L. CHINN, M.A.

*Deputy Director of Education*:—MR. R. B. SYKES, M.A., L. es L.

\*At the time of going to press I have to record with deep regret the death of Alderman Mrs. J. Cant.



## SCHOOL HEALTH SERVICE STAFF.

School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.Hy., D.P.H.
Deputy School Medical Officer (and Deputy Medical Officer of Health) ...	R. J. DODDS, M.B., B.S., D.P.H.
Senior Assistant School Medical Officer ... ..	M. M. R. GAFFNEY, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
Assistant School Medical Officers ... ..	<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div> J. B. H. PORTER, L.R.C.P. Appointed September, 1952.  D. D. JONES, M.D., Ch.B., D.C.H.  M. S. MARTIN, M.B., Ch.B.  M. J. MOIR, M.A., M.D., D.P.H. Retired, January, 1952.  A. C. ROSS, M.B., Ch.B., D.P.H. Resigned, February, 1952.  B. B. MAPSTONE, M.B., B.Ch., B.A.O.  E. L. DUNNET, M.B., Ch.B. Appointed October, 1952. </div> </div>
Medical Officer, "Town Thorns" ... ..	H. KENYON, M.B., Ch.B. (Part-time).
Medical Officer, Wyre Farm Camp School ... ..	J. S. JEROME, M.A., B.M., Ch.B. (Part-time).
Pædiatric Specialist and Heart and Rheumatic Consultant	H. PARRY WILLIAMS, M.R.C.P., M.R.C.S., L.R.C.P. (Part-time).
Ophthalmic Surgeons ..	<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div> J. W. BISHOP, M.B., Ch.B., L.R.C.P., M.R.C.S., D.O.M.S. (Part-time).  CHARLOTTE CLARK, M.B., Ch.B., D.O.M.S. (Part-time). </div> </div>
Ear, Nose and Throat Surgeons	<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div> W. OGILVY REID, M.A., B.Sc., M.B., Ch.B., F.R.C.S. (Part-time).  P. E. ROLAND, F.R.C.S., D.L.O. (Part-time). </div> </div>
Senior School Dental Officer	M. RAESIDE, L.D.S.
Assistant School Dental Officers	<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div> J. A. SMITH, L.D.S.  MISS J. GLASGOW, L.D.S. </div> </div>
Physiotherapist (Spastics) ...	MRS. D. A. THOMAS, M.C.S.T., M.E., L.E.T.
Speech Therapists ... ..	<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div> MISS B. CARR, L.C.S.T.  MISS D. GLOVER, L.C.S.T.  MISS D. SMITH, L.C.S.T. (Part-time). (Baginton Fields School). </div> </div>
Chiropodist ... ..	MR. A. T. E. FREKE, M.Ch.S., M.R.I.P.H.H. (Part-time).
Orthoptists .. ..	<div style="display: flex; align-items: center;"> <div style="font-size: 4em; margin-right: 10px;">{</div> <div> MRS. M. M. CADENHEAD, D.B.O. (Part-time). Resigned, December, 1952.  MRS. A. WHITELAW, D.B.O. (Part-time).  MISS P. DAVIES, D.B.O. Appointed September, 1952. </div> </div>
Superintendent School Nurse	MRS. B. E. MACKIE, S.R.N., S.C.M., Health Visitor's Certificate.

*SCHOOL HEALTH SERVICE STAFF—cont.*

School Nurses	...	}	Miss M. E. ABSALOM, S.R.N., Neurological Certificate.
			Miss E. C. BATSFORD, S.R.N.
			Mrs. A. O. CAMPBELL, S.R.N.
			Miss L. F. M. DUNNICLIFFE, S.R.N., S.C.M. (Part 1) Health Visitor's Certificate.
			Mrs. M. K. DUNNICLIFFE, S.R.N., S.C.M. (Appointed August, 1952).
			Mrs. E. ELLIS, S.R.N., S.C.M.
			Mrs. M. GEORGE, S.R.N., S.C.M., Health Visitor's Certificate, Cert. London Hospital for Ear, Nose and Throat.
			Mrs. E. A. GORE, S.R.N., S.C.M., Health Visitor's Certificate.
			Mrs. E. M. HALE, S.R.N.
			Mrs. C. HAMMOND, S.R.N. (Appointed January, 1952).
			Miss P. O. MASTERS, S.R.N. (Appointed December, 1952).
			Miss G. G. NORTHORPE, S.R.N. (Appointed August, 1952).
			Mrs. S. PLAYER, S.R.N.
			Miss B. THATCHER, S.R.N., S.C.M.
			Miss V. THOMAS, S.R.N.
			Mrs. L. WARDLE, S.R.N.
			Mrs. O. A. WHITE, S.R.N.
			Mrs. J. E. F. WILLS, S.R.N. (Resigned, May, 1952).
			Mrs. G. L. YOUNG, S.R.N. (Resigned, August, 1952).
Chief Clerk	...	...	E. A. MOORE.
Deputy Chief Clerk	...	...	Miss E. STEPHEN.
Clerks	...	}	Miss P. ATKIN.
			Miss J. BAKER (Appointed September, 1952).
			Miss K. BEASLEY.
			Miss D. BELL (Appointed September, 1952).
			Mrs. B. BOTTRILL.
			Miss B. CLARKE.
			Miss D. CLARK.
			Mrs. K. FLETCHER.
			Mrs. A. GARDNER (Resigned).
			Miss N. B. GRIFFIN.
			Miss J. HOLDWAY (Resigned).
Dental Attendants	...	}	Mr. D. SLATER (Resigned).
			Mrs. F. WOODCOCK.
			Mrs. A. CHURCH.
			Miss D. CLEAVER.
			Miss K. FARREN.
			Miss M. NEWTON.

# CITY OF COVENTRY

## SCHOOL HEALTH SERVICE

## 1952 ANNUAL REPORT

To the Right Worshipful the Mayor, Aldermen and  
Councillors of the City of Coventry.

MR. MAYOR, LADIES AND GENTLEMEN,

*My Annual Report on the School Health Service this year though available earlier than in former years has been delayed to some extent by the impact of the Coronation celebrations and activities upon the work of certain departments from whom data is necessary for inclusion therein.*

*The school population in Coventry (including private and independent schools) showed a further increase in 1952. The population in 1951 was 42,003, in 1952 it was 43,626, an increase of 1,623. The problem of meeting all our commitments for the examination of children in the prescribed age groups will, I feel, have to be met in the very near future by an increase of at least one in our establishment of Assistant School Medical Officers and this is well supported by the statistics shown under the following heading "Routine Medical Inspections".*

*The number of specialist clinic sessions has remained the same as in 1951 and the Child Tuberculosis Contact Clinic, on which I reported last year is still held though the number of new cases now attending is understandably less.*

*The specialist and auxiliary sessions held at the Central School Clinic and certain outlying Clinics were as follows:—*

Child Tuberculosis Contact Clinic  
Chiropody  
Ear, Nose and Throat Clinic  
Heart and Rheumatic Clinic  
Ophthalmic and Orthoptic Clinics  
Speech Therapy.

### ROUTINE MEDICAL INSPECTIONS CARRIED OUT AT SCHOOLS.

*There was a slight decrease in the number of schoolchildren examined at these sessions during 1952 due mainly to staff shortages at the beginning of the year. In 1952, 11,005 children were examined at Routine Medical Inspections as compared with 14,632 in 1951—a decrease of 3,527. Re-examinations of children with special defects found at routine medical inspections were carried out at Branch Clinics and the Central School Clinic: the number being 1,030 (1951—5,356) Special inspections and 755 (1951—1949) reinspections for primary and secondary school-children. These figures give some slight indication of our need for additional staff.*

### GENERAL CONDITION OF PUPILS DURING THE YEAR.

During 1952, 5,777 out of a possible figure of 11,005 were placed in Category A representing 52.49% of the total number examined, the figure in 1951 being 41.82%. Allowing for some unavoidable variation in the grading of pupils by individual medical officers I think this is a reasonable figure and shows an increase of approximately 8.67%. To balance this in part there was a decrease of approximately 10.68% in the number of children placed in category "B" the figure in 1951 being 56.969% and 1952 46.334% representing 5,099 children in this category. 129 pupils were placed in category "C" (1.172%) showing a decrease from last year's figure of (179—1.22%). It must be remembered that into Category "C" fall a number of children who subsequent to the routine medical inspection concerned were ascertained as delicate under the School Health and Handicapped Pupils Regulations 1945 and who, after a follow up of 6 months to a year and adequate open air treatment, might well qualify for inclusion in Category "A". Also into this Category "C" fall those children who, at times, are the innocent victims of parental inconsiderations. Certain children for example are kept out of their beds until unduly late hours and may even be unable to enter their homes until the return of their parents from places of entertainment or other distractions. This may mean a bedtime of 11 p.m. or later and when one remembers that parents also often regard weekends as an excuse for allowing their children to keep unduly late hours as "a treat" one can readily sympathise with those teachers who feel they are fighting a losing battle for the educational progress of such children. This is not to say that many of these children do not put on a good "front" and it is consequently difficult for their parents to understand why they are competing under difficulties with other children who keep early and regular bedtime hours, i.e., 6—7 p.m., and to whom a late night means an 8—9 p.m. bedtime, perhaps as rarely as once in 3 months.

### CONTAGIOUS DISEASES.

There were 46 cases of scabies notified in Coventry school-children in 1952 an increase of 40 on the figure for 1951 which was 6. I do not think for this complaint there is any particular significance in this comparatively small increase: although opportunities for contracting the contagion must have been slightly greater this year. Cases of ringworm of the scalp and body decreased by 18, the figures for 1951 being 37. Recently we have not seen any cases like those some of the medical staff used to encounter towards the end and shortly after the last war. Many of these earlier ringworms affected the scalp and were resistant to treatment. Sometimes the treatment took up to 2 years unless radical epilation was performed at the onset.

The incidence of impetigo was about the same i.e. 103 in 1952 compared with 99 in 1951. Other miscellaneous skin conditions numbered 154 (157 in 1951) and merit, of themselves, no particular mention.



## INFECTIOUS DISEASES.

A table of the incidence of infectious diseases is available in the body of this Report. It is heartening to note that no cases of diphtheria were reported amongst Coventry schoolchildren during 1952. There is no room for complacency, however, because we still have diphtheria carriers in our midst. It is most essential to keep the "pool" of immunity up to a satisfactory level within the community in order to avoid further outbreaks of this disease.

In 1951 there was an increase of measles to 1541 (1951=118) but in 1950 this figure was 1,959 so that the present increase is not significant and the cases were generally mild in character. There was an increase in scarlet fever cases of 120 over the 1951 figures (i.e. 1952=305, 1951=185) and elsewhere in the report Dr. Parry Williams indicates an increase in the number of cases of acute rheumatic fever brought to his notice during 1952. It is perhaps possible that we may be reaching a stage where new strains of streptococci are being produced which are resistant to the effects of the antibiotic.

There were only 12 cases of poliomyelitis compared with 46 in 1951. This disease has epidemiological peculiarities which are obviously not common to those infectious diseases with which we have been so familiar in the past, e.g., scarlet fever, diphtheria, etc., and there is no rule of thumb to indicate just what effect the disease may have upon a community at any particular time. Cases of food poisoning showed an improvement during the year (1952=63, 1951=89).

## SPECIAL SESSIONS HELD AT THE CENTRAL SCHOOL CLINIC.

### THE CHILD TUBERCULOSIS CONTACT CLINIC.

The work of this Clinic continued during the year under the supervision of Dr. Parry Williams. The cases referred were fewer in number but supervision of about 400 children still in contact or who had been in fairly recent contact with the disease within the last two years, still continued. All Mantoux negative cases were referred to the B.C.G. Clinic for the attention of Dr. Gordon Evans and some of these children were approved for open air schools. I would like to say how grateful we are to the Housing Committee and the Housing Superintendent for their sympathetic consideration of certain cases of housing hardship referred to them from this clinic. It has made all the difference to several of our most hard-hit families and has completely altered the outlook for the children concerned whose health will obviously benefit by improved accommodational standards. The work of this Clinic will possibly be transferred to the Coventry Chest Clinic as time goes by since the original need for it to act as a "stop-gap" preventive measure is now decreasing.

### CHIROPODY CLINIC.

The Clinic is functioning most successfully and the waiting list has decreased considerably. We have now succeeded in allocating adequate accommodation to our Chiropodist, Mr. Freke, who reports elsewhere upon his work for 1952.

### EAR, NOSE AND THROAT CLINIC.

During 1952, after parents had been circulated with necessary details, a survey of children awaiting appointments to see the Ear, Nose and Throat Specialist was carried out by our medical, nursing and clerical staff and by December 30th the waiting list had been reduced to 10. Furthermore, Mr. Roland, the Ear, Nose and Throat Surgeon, helped out by undertaking extra sessions. All the staff made an extra effort to bring about this satisfactory result. The fact that our waiting list was 1,658 at the end of 1951, suggests that a similar procedure might possibly be adopted to advantage by others with like problems. The waiting list of children for tonsil, nose and ear operations, following consultant examinations, is still long but this position is improving as indicated by Mr. Roland elsewhere in this Report.

Mr. Ogilvy Reid, too, continues his most helpful monthly sessions as he has done for several years and his report is given elsewhere herein.

### HEART AND RHEUMATIC CLINIC.

Dr. Parry Williams provides interesting comments upon his work at this Clinic and he makes certain observations concerning the incidence of acute rheumatism and rheumatic carditis which should be of interest to all School Medical Officers. A function at this Clinic namely to differentiate carefully between the various types of cardiac murmurs is also of considerable help to the Assistant School Medical Officers.

### OPHTHALMIC AND ORTHOPTIC CLINICS.

After many years of assiduous and excellent work we were obliged to transfer the ophthalmic and orthoptic services and their related personnel from the School Clinic at Gulson Road to the Coventry and Warwickshire Hospital. This was in line with the suggestions contained in the Ministry of Education Memorandum of 21st October, 1948. Nevertheless, in saying goodbye to this specialist service from Gulson Road Clinic I must confess myself as not a little perturbed by a trend which will tend to uproot useful edifices from their natural and convenient habitat to be placed within the hospital curtilages. We are obliged to Mr. Bishop whose report appears later herein for the work he has done since his appointment as Ophthalmic Consultant to the Local Education Authority and also to the Orthoptists who appeared to fight a losing battle with the waiting lists year by year. Miss Davies, full time Orthoptist, was appointed in September, 1952, and therefore was with us for only three months prior to the change-over. Previous to the transfer of this service there was a meeting

between representatives of the Local Hospital Management Committee, Ophthalmic Consultants, representatives of the Local Authority's Education Sub-Committee, the School Medical Officer and the Senior Assistant School Medical Officer in order to settle various points which arose in association with the transfer of responsibilities.

#### SPEECH THERAPY.

Miss Carr and Miss Glover both comment later upon their work in this report. The waiting list for speech therapy at the end of 1952 was 45 demonstrating that in spite of increased staff we will probably need more in the near future. Miss Glover is still our mobile speech therapist and undertakes regular sessions at various schools throughout the city assisting parents who might otherwise have to travel long distances to the Central School Clinic with their children. Miss Smith is part-time Speech Therapist at Baginton Fields School, replacing Miss Glover who transferred from there in May, 1952. For the first time in Coventry we have been able to give speech therapy training to educationally sub-normal pupils within their own school and this we feel to be generally advantageous.

#### SPECIAL CLINICS AND SESSIONS AT THE HOSPITAL AND ELSEWHERE.

##### CHILD GUIDANCE CLINIC.

Dr. Gillman in his report for 1952 states that a proportion of children still had to be seen at the Coventry and Warwickshire Hospital as he was unable to conduct, as yet, sufficient psychiatric sessions at the Gulson Road Child Guidance Centre: Dr. Gillman hopes to increase his sessions from one to two in 1953 pending the eventual appointment of a Child Psychiatrist. The Clinic was working more as an integrated unit towards the end of the year and consequently we are hopeful of achieving optimum results. Mrs. Hedges the Educational Psychologist supplies hereinafter a report upon the work of the School Psychological Service at the Clinic. We are hopeful of providing speech therapy facilities on these premises so that there will be a more comprehensive "on the spot" treatment of problem cases. The Child Guidance building, however, although pleasant is rather small and its functional capacity is thereby limited.

##### ORTHOPÆDIC TREATMENT.

All orthopædic cases still attend the Paybody Orthopædic Clinic. Mr. Penrose, who is also Consultant (part-time) at Baginton Fields School, and Mr. Watson are the Orthopædic Surgeons, with whom we have close liaison. Cases are referred to this Clinic by family doctors, from routine medical inspections. Minor Ailment Clinics and the Chiropody Clinic. We continue to receive most helpful assistance from Miss Miller, Secretary to the Paybody Orthopædic Clinic.

## ANTI-TUBERCULOSIS CAMPAIGN.

Dr. Hughes, Area Physician in Charge to the Medical Research Council, came to Coventry from 14th—27th March. Three centres were again used for Clinic purposes as in 1951, namely at Frederick Bird School, Longford Park and Hearsall Schools. 65 boys and 71 girls received B.C.G. inoculation. All children taking part were skin tested and X-rayed during their penultimate school term and three days later their reactions were assessed—and those found suitable were vaccinated either with B.C.G. or the Vole bacillus vaccine. During May the first “follow-up” took place and on this occasion they were held at the Technical College and Gulson Road School Clinic respectively. The response to these follow-ups was most gratifying indeed: of the midland authorities participating I learn that it reached its peak in Coventry. There were 712 young people eligible to be seen and a total number of 610 were examined—a response of 87%. Coventry's nearest rival showed an 85% response. This satisfactory follow-up result was undoubtedly due to a creditable “combined operation” on the part of Health Visitors and School Nurses. We much appreciate the co-operation and patience of the teachers whose routine was bound to be affected by this necessary research work.

## MASS RADIOGRAPHY SURVEY.

Following the findings at a routine medical inspection, and at a subsequent special re-inspection in one particular school, it was decided to have the total complement—teachers and children—X-rayed and investigated by the mobile mass radiography unit under the control of Dr. Gordon Evans. This commenced on 14th November, and the Headmistress and staff helped to ensure the smooth functioning of the investigation. My department had a preliminary report in four days and subsequently a full report was available as follows:—

## Total X-rayed at school

Children	...	...	...	...	...	409
Adults (teaching and non-teaching)	...	...	...	...	...	29

of these 41 were recalled for large films with the following results:—

No abnormality	...	...	...	...	13
Abnormality of a non-tuberculous nature	...	...	...	...	4
Recalled for clinical examination	...	...	...	...	24

## The Clinical examination results showed:—

Active primary tuberculosis	...	...	8 children
Healing primary tuberculosis	...	...	4 children
Healed primary tuberculosis	...	...	6 children
Active post primary tuberculosis	...	...	1 child
			and
			1 adult
Healing post primary tuberculosis	...	...	1 adult

3 other cases non-tuberculous in nature.



All cases were immediately transferred to the Tuberculosis Clinic and we are now satisfied with their progress.

At the end of the year consideration was being given to a comprehensive contrast Mass Radiography Survey in a school of similar size, type and conditions, but from which, by intent, we would have no prior information concerning possible tuberculous infection. The report on this survey will be available in 1953.

#### HANDICAPPED PUPILS.

A table relating to the number of pupils ascertained during 1952 is available at the end of this report.

#### DELICATE CHILDREN.

There were 127 new cases ascertained during the year. The age range at our Residential Open Air School at Corley was reduced to 7—11 years and this decreased the waiting list considerably (particularly girls). We still have a sizeable waiting list of 7—11 year old boys. The over 11 group are accommodated at Open Air Schools elsewhere in the country notably in the South and we have little difficulty in placing them. There are noticeably two main types of delicate children, namely, the neglected and the overprotected. Asthmatic children continue to do very well at Corley and the Pædiatricians, Nurses and Teaching Staff co-operate closely to help in their recovery. We always try to offer helpful advice to the appropriate parents who are quite often as much in need of "treatment" as their asthmatic children.

#### DIABETIC CHILDREN.

There were no children ascertained in this category during the year. One diabetic child is placed at a Residential Special School and the remainder (6) are at ordinary schools.

#### BLIND CHILDREN.

One child was ascertained during 1952. There is still a waiting list for accommodation which must be residential.

#### PARTIALLY SIGHTED CHILDREN.

Five partially sighted children were ascertained during the year, giving a total of 17 children of school age from the City in this category.

#### DEAF CHILDREN.

One child was added to the list during 1952—making a total of 35 on the list. Two children are awaiting admission to deaf schools.

#### PARTIALLY DEAF CHILDREN.

We have 8 partially deaf children in residential special schools, two awaiting admission to special schools (one of these is at present attending the day school for Educationally sub-normal children) and two at a day school for Physically Handicapped Pupils.

In addition, there is a number of partially deaf children attending ordinary schools whose progress is satisfactory, providing they co-operate fully by wearing their hearing aids. There is no doubt that a sensitive child may be greatly upset by the derisive attention of classmates and possibly prefers to dispense with a hearing aid rather than suffer indignity.

#### EDUCATIONALLY SUB-NORMAL.

In spite of changes of staff we were enabled to ascertain 91 educationally sub-normal children during 1952. It is almost four years since an Assistant School Medical Officer applied for one of our vacant posts while possessing the necessary experience and qualifications for the ascertainment of handicapped pupils. In the intervening period it has been found necessary for all newly appointed medical officers to take the prescribed course and this means a delay of anything from six to twelve months according to the availability of places. The Educational Psychologist has done much constructive work which has been of considerable help to the Teachers and School Medical Officers alike. She has conducted screening tests at the schools and referred the appropriate cases for detailed ascertainment. This has saved much unnecessary interviewing of children who suffer from specific disabilities rather than educational sub-normality. An Assistant School Medical Officer spends one whole day per week at the day school for educationally sub-normal pupils and is responsible for the medical arrangements at the school. Dr. M. Martin undertook this duty in the absence of Dr. D. Jones.

#### EPILEPSY.

As time goes by it becomes apparent that we have more epileptic children in Coventry than we had originally anticipated. For example, this year 11 children were ascertained and up to the end of 1952, 7 are awaiting special education in an appropriate school. Unfortunately these children mostly appear to be educationally sub-normal and have superadded behaviour difficulties. They present a great problem to the Special Services Branch of the Education Department which has the unenviable task of finding places for them. With one exception the fits are controlled by medication. In addition there are a number of minor epileptics in ordinary schools also controlled by medication and who rarely present much difficulty from the schooling point of view.

#### MALADJUSTED.

Fourteen new maladjusted children were found during 1952 and at the end of the year 13 pupils were in Special Schools and 19 were awaiting admission, because of the shortage of suitable places throughout the Country, these children may have to wait indefinitely for appropriate accommodation: this is indeed depressing. Most maladjusted children come to our attention through the Child Guidance Centre or the Hospital. Thereafter they are brought to the notice of the Committee by the School Medical Officer.

## PHYSICALLY HANDICAPPED.

The whole outlook of many physically handicapped children has changed for the better since the new day school was opened at Baginton Fields. Everyone concerned with the medical treatment, placement and education of these children pinned their hopes to this establishment following years of disappointment when children were turned down from entrance to extraneous Physically Handicapped Schools because their intelligence quotient was unduly low. At last, we felt, each child who merited a trial should have it. We were particularly concerned about cerebral palsied children who up to now could only be educated in the main hospital residential schools away from home. We have all learned much about the various educational capabilities of these children and can now face the task of dealing with them in the proper perspective, and with better equipment. At Baginton we have a varied collection of physically handicapped children: they are all settled happily together in their classes and appear to have sympathy and respect for each others difficulties. In the comparatively short time during which we have had opportunity to study these children in an educational establishment, it is apparent that they have more than the average child's share of emotional difficulties and therefore require much more careful handling. I had hoped to have been able to produce a full report on the medical progress of these physically handicapped and cerebral palsied children but owing to shortage of medical staff at the school this has not been possible. Mrs. Thomas, Physiotherapist, resigned from the staff in June, 1952, but has been on loan to us from the Regional Hospital Board until such time as we acquire new staff. Mrs. Thomas has known practically every child at the school since they were babies and certainly since the first illness which caused their physical handicap—we are very sorry to lose her services. We are still in need of a second physiotherapist and a remedial gymnast. Our new part-time speech therapist, Miss Smith, took up appointment in September, 1952, on the resignation of Miss Glover and she has achieved constructive results particularly with the children suffering from cerebral palsy. Our grateful thanks are due to Dr. Parry Williams, Pædiatrician, and to Mr. Penrose, Orthopædic Surgeon, who have conducted a special fortnightly clinic on the school premises. Helpful assistance is also given by Mrs. Hedges, Educational Psychologist, who has tested the children at the School and advised upon their education. There is indeed considerably greater hope for our physically handicapped children in Coventry.

## SPEECH DEFECTS.

No child with a speech defect severe enough to require special education was seen in Coventry during 1952. There were, however, 144 children ascertained as in need of speech therapy during 1952. There was a waiting list of 45 such children by the end of 1952. It should be clearly understood that speech therapy is directly

related to medical treatment and is not to be confused with speech training or elocution, these latter forming part of the educational system.

#### INEDUCABLE CHILDREN.

This handicap requires special mention. There were 36 such children found in the City in 1952. It is a heavy blow for parents having to face this defect in their children, but the defect and the welfare of the child can be dealt with more satisfactorily if the position is met squarely and philosophically. Some people are still under the impression that when a child has been ascertained as ineducable, this decision is irrevocable. This is a misconception since the question of their child's progress may be raised at any time by the parents. It would be grossly unfair however to expect an ineducable child to compete with the average child in ordinary schools whose intellectual ability allows of a more rapid educational absorption and progress.

#### STAFF.

The proposed amalgamation of the Health and School Health Services is to be initiated by a 'pilot' scheme within an experimental area on 1st January, 1953. As a commencement there will be one Assistant Medical Officer, one Health Visitor and a School Nurse who has been granted temporary dispensation by the Ministry of Health to act also as a Health Visitor. The most difficult factor to contend with in securing a reasonably rapid and comprehensive amalgamation is the acute shortage of nurses with Health Visiting qualifications. There is no similar shortage of State Registered Nurses willing to be accepted as School Nurses. Comprehensive amalgamation is therefore liable to take some time but is none the less desirable and, with the wider scope of experience available in the General Health Services, it is hoped that the position will gradually adjust itself.

The Staffing situation—as reported elsewhere by Mr. Raeside—with regard to the School Dental Service continues to be most unsatisfactory. At the end of 1952 we had only three full time dental officers, one Senior and two Assistants. In November, the Local Authority was very willing to accept the services of Mr. Stonehouse, a General Practitioner Dentist, for a regular weekly dental session at Gulson Road School Clinic. An acceptable arrangement was also made with Mr. Breakspear to undertake orthodontic work at his own Surgery for children referred to him by our dental officers.

Early in 1952, one of the branch dental clinics (Longford Park, Windmill Road), was re-opened and Miss Glasgow, Assistant Dental Officer, did four sessions per week there in an effort to deal with some of the emergency dentistry and in order to keep some semblance of a service alive in that area. As our potential establishment is twelve full-time Dental Officers, the existing situation can only be described as ludicrous. Naturally we continue to advertise widely for staff without result. I would particularly draw attention to Mr. Raeside's interesting report.



*In Coventry we have cordial relationship and very satisfactory co-operation with all branches of the medical profession and medical auxiliary services. There is a free interchange of ideas—with clear benefit to children generally. We have a happy and constructive liaison with the Paediatric Service in the City and this is of inestimable value to the children and a source of considerable satisfaction to the school health service personnel.*

*I greatly appreciate also the co-operation I have received from the Director of Education and his Staff throughout the year and I would like also to record my thanks to the Head Teachers of the various schools in which my Staff work, for helping, by their co-operation, to make the routine medical inspection of schoolchildren such a pleasant task for my Staff.*

*I would again wish to record my grateful thanks to my Medical and Nursing Staffs for their unfailing co-operation and efficiency during the year. I much appreciate also the assistance of Dr. M. M. R. Gaffney and Mr. E. Moore in the compilation of this report. I would also wish to thank those who have contributed information in the succeeding pages. My appreciation and thanks, too, is extended to the Chairman and Members of the Special Services Sub-Committee for their support of my Staff and self in the work of the department during 1952.*

*I am, ladies and gentlemen,*

*Your obedient servant,*

*Thos. Clayton.*

*School Medical Officer.*

### School Population, Accommodation, Attendances.

At December, 1952, there were 81 Primary and Secondary Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, *viz*:—

- 61 Primary and all age schools with 80 departments.
- 13 Secondary Modern Schools with 19 departments.
- 7 Secondary Selective Schools.

The Primary and Secondary Schools are divided as follows:—

- 61 County Schools with 86 departments.
- 12 Voluntary C.E. Schools with 12 departments.
- 8 Voluntary R.C. Schools with 8 departments.

Number of children on registers, January, 1952 ... ..	39,419
Number of children on registers, December, 1952 ... ..	41,226
Average percentage attendances ... ..	91.97
Estimated number of children attending Independent and Private Schools ... ..	2,400
<i>Estimated total population of the City of Coventry</i>	<i>261,000</i>

### REPORTS FROM SPECIAL SCHOOLS.

#### Baginton Fields Special School (for Physically Handicapped Pupils).

The Headmaster, Mr. D. P. Hamon, reports as follows:—

"The School Roll has increased from 19 on the 31st December, 1951, to 96 on the 31st December, 1952.

At the end of last year the pupils of this school were all suffering from one of the various types of cerebral palsy. Now physical handicaps of practically all types (except pulmonary tuberculosis and total blindness), are represented.

During the year the number of classes has been increased to eight. In addition to these recognised classes a number of groups have been organised for certain subjects. Specialised provision has been made for Housecrafts and similar provision for Wood and Metal Crafts will become operative in 1953.

The curriculum now includes a wide range of subjects and every effort is continually made to secure maximum therapeutic benefits from the educational facilities provided.

Children whose intellectual ability and physical condition permits are being prepared to sit the Selective Secondary Examination.

Our visitors often refer to the happy and self-reliant bearing of the children and their obvious affection for the school. Those who, by virtue of special knowledge or experience are in a position to judge, are frequently kind enough to remark also upon the progress which has been made by our pupils physically, educationally and socially.

These results have only been produced by the steadily-growing spirit of co-operation which actuates the many individuals, full-time or part-time, voluntary or paid, professional or otherwise, who make up the School's team of workers.

I should like to express my deep gratitude to them all individually for their encouragement and invaluable assistance in a year which has been characterised not only by many difficulties but also, through the contributions which each has made, by solid achievement and real progress."

**Baginton Fields School (for Physically Handicapped Pupils).**

The Physiotherapist, Mrs. D. Thomas, reports as follows :—

No. of children attending Department ... ..	91
No. Physiotherapy Treatments given ... ..	2013
No. Orthopædic After Care appointments including plaster work and splintage ... ..	462
No. Medical After Care appointments ... ..	134
TOTAL NUMBER OF VISITS MADE BY CHILDREN TO DEPARTMENT ... ..	2609

Shortage of staff has not allowed enough time to be spent on the treatment of the children.

**ORTHOPÆDIC AFTER CARE.**

The supervision of splintage, boots, lengthening of calipers, and the day-to-day repair of splints which has been done by me has taken a good deal of time, plus one session each week with the Instrument Maker. This has been very worth while, 86 splints having been dealt with by Mr. Pinfold during the ten months. The number of children in plaster is small, but the cases made for block leather back supports and hip spicas are also time consuming.

Some considerable delay has been experienced during the year in getting boots/shoes for children who need special footwear, and whose parents require help to purchase same, but no doubt when it is realised how urgent this matter is, things will be speeded up, and boots will be forthcoming in a matter of days, not months as is the case at present.

All children who have suffered from T.B. joints attend the Department weekly for observation, as also do those suffering from Hamophilia.

**MEDICAL AFTER CARE.**

Under this heading are included heart cases, bronchiectasis, and asthma. These children with bronchiectasis have attended each day for "tipping": in addition they have also attended twice weekly for breathing exercises together with the other children in this group. In some cases the children in this group have also attended for ultra violet light. It has been possible to have only one breathing exercise class weekly owing to the Staff position, which of course is unsatisfactory.

**CEREBRAL PALSY.**

Children with this condition were treated on the whole in classes, with a very, very small amount of individual work; on the whole the results have been very much better than would have been expected from such methods. Temple Fay exercises were used in the main Class work which was given only twice a week.

**ANTERIOR POLIOMYELITIS.**

It was found impossible to treat these children in classes owing to the difference in the muscle groups involved, so they were

treated in pairs, twice weekly for very short periods. I feel that their visits to Leamington Spa for hydrotherapy have been very helpful, and the visits to the Physiotherapist there have enabled a strict eye to be kept on any deformity which they tended to develop during growth, and thus prevent the deformities developing at the earliest possible moment.

#### POSTURAL FOOT DEFECTS.

There has only been sufficient time to treat these children once a fortnight, although, even so, there has been a definite improvement.

In the work of the Department the greatest possible help has been received from Mrs. K. D. Jones, O.N.C. We are very fortunate in having an Orderly of Mrs. Jones' calibre, holding the Orthopædic Nursing Certificate. She has been particularly useful on the Orthopædic side of the Department.

I should like on behalf of the medical and auxiliary staff to thank all Class Teachers for the valued help they have given and the great interest shown in the children's physical progress."

#### Corley Open Air School.

Miss Thomas, Headmistress, reports as follows:—

"Year by year Corley has healed, thus fulfilling the task for which it was destined.

That for which it was founded has since been like a silver thread down through the years. Healing comes to the mind and body in diverse ways. Nature does a great deal. The woods abound with wild life that appeals to children. Tree climbing attracts others, and the most diffident begin to flower, and to find themselves.

They are helped to develop their own personalities in many ways. Here, the leader is born, the timid learns to hold his own. Communal living helps where the home has failed. The child learns to become self-reliant.

This drawing out from the child all his latent qualities, brings the good and bad in its train, but with patience and understanding of his needs, he soon adjusts himself and is better for the stay. Over-anxious parents need not fear for their children. They do not lose their affection, but rather they get it back shorn of its sentimentality. True there are misfits, but these prove to be the exception rather than the rule. In any society one finds the social misfit.

This year one finds that the age range has been changed. The closing in of the gap between the ages of the children has greatly facilitated the running of the school. The children have a closer touch with each other, as their interests do not vary too much. They are much more sympathetic towards each other, and there is more of the spirit of giving among them.

It has been a privilege to work with these children and to realise that children can be, and are being born who need care, kindness and medical skill and who are getting it here in full measure.

In 1952, one hundred and eleven children have come to Corley.



The following number of clinical attendances have been made:—

Dr. Parry Williams' Pædiatric Clinic	...	...	...	104
Chest Clinic	...	...	...	74
Dr. Elford, Skin Specialist	...	...	...	2
Mr. Ogilvy Reid	...	...	...	1
Mr. Kander	...	...	...	1
Orthoptic Clinic	...	...	...	11
Oculist	...	...	...	9
Pathological Laboratory	...	...	...	13
E.N.T. School Clinic	...	...	...	8
E.N.T. Coventry and Warwickshire Hospital	...	...	...	16
Mr. Tetlow	...	...	...	1
School Dentist	...	...	...	18
Chiropodist	...	...	...	2
Gulson Hospital, X-ray Department	...	...	...	6
Paybody Orthopædic Clinic	...	...	...	50
Sunlight Treatment Clinic	...	...	...	2
Mr. Mansfield	...	...	...	1
The Children's Hospital, Birmingham	...	...	...	1
Casualty Department, Coventry and Warwickshire Hospital	...	...	...	1

The following were admitted to Hospitals:—

Gulson Hospital	{ 3 for Tonsillectomy 1 for investigation
Keresley Hospital	1 for Investigation
Whitley Hospital	3 for Dysentery
Hertford Hill Sanatorium	1
Paybody Hospital	1

The average weight gain for the year has been 8—10lbs. Miss Glover has again restarted her speech therapy clinic at Corley. We are very pleased to have her back with us."

### **The Grove Day Special School (for Educationally Sub-normal Children).**

The Headmaster, Mr. J. B. Saxon, reports as follows:—

"1952 has brought the new school buildings a little nearer to completion but I am afraid we shall not be able to move in to our new quarters until September, 1953. Nevertheless I am able to report a considerable improvement in the facilities available and a steady rise in the standard of work in our present school.

The whole of the ground floor of the old Trinity School has been taken into use as an annexe and the use of the first floor hall has been discontinued. This has made possible an improvement in physical education and has made room for an extra classroom.

This increase in teaching space at the annexe has enabled us to lay aside a room at the main school to be used for the teaching of reading and number in an intensive form to small groups of children. The rise in reading age resultant from this has been most gratifying and has more than justified the rather large allocation of space and teachers' time.

A special room has been prepared for the teaching of pottery and a small gas fired kiln was installed in August. The work in this department has been most effective and provides a welcome addition to our art and craft facilities.

Two more women teachers joined the staff in September and their influence has helped considerably in maintaining a balance between the sexes, with a resultant improvement in the attitude of the senior girls.

A speech therapist is now in regular attendance on two days a week and her work is of great value to us.

I should like to take this opportunity of thanking all the members of the School Health Service for their help and guidance and to express my appreciation of the work they are doing to assist the educationally subnormal child. I would like also to thank Dr. Martin who, during her temporary spell of duty at this school, in the absence of Dr. Jones, has shown sympathy, understanding and co-operation towards pupils and staff alike."

### **The Paybody Hospital Special School.**

The following is a report from the Teacher in Charge, Miss M. C. Craven :—

"1952 has followed the normal course of admission and discharge of long term and short term patients with a good sprinkling of those whose minor operations require a stay of six weeks or less.

As in previous reports the figures quoted apply only to those children for whom educational facilities are provided. School is in session from 9.15—11.45 a.m. and from 1.45—3.15 p.m. daily, and every child of 4 years and over attends regularly except immediately before and after operation. In most cases physical and mental progress has been excellent.

During the year 58 long term patients were treated, of whom 22 were discharged during the year.

The diseases treated were:—

Perthes disease of the hips	...	...	...	...	...	...	17
Poliomyelitis	...	...	...	...	...	...	6
Congenital Dislocation	...	...	...	...	...	...	5
T.B. Spine	...	...	...	...	...	...	5
T.B. Knee	...	...	...	...	...	...	8
T.B. Hip	...	...	...	...	...	...	7

The remainder included hæmophilia, suppurative arthritis, spastic hemiplegia, etc.

All children requiring dental treatment have received it.

On the whole patients are very happy and the time spent in Hospital is used to advantage."

### **REPORTS ON SPECIAL CLINICS AND OTHER SERVICES.**

#### **Child Guidance Arrangements.**

Dr. S. W. Gillman reports as follows :—

"The psychiatric examination of children in 1952 was in two parts:—

1. At the Coventry and Warwickshire Hospital and
2. From April, 1952, at the new Child Guidance Centre opened by the Education Department in Gulson Road.

This is a well laid out unit, including two playrooms, in which good work can be done.

Children still have to be seen at the Coventry and Warwickshire Hospital because of cases referred from Pædiatricians, Consultants, including E.N.T. Surgeons, and General Practitioners, and this situation will have to be continued for some time until there is an adequate staff at the Child Guidance Clinic to cope with the added numbers that will, no doubt, appear.

It will be seen that there was a slow beginning to the numbers seen at the Child Guidance Clinic but it is apparent that there will be more and more children referred in the coming year and that, if adequate staff is obtained, more therapy can be undertaken.

One of the drawbacks to the investigation of delinquent children in Coventry is the fact that there is no Remand Home and that the children go to Birmingham where they are assessed and then returned to Coventry where sometimes I am asked to undertake treatment on patients whom I have never seen. This causes some delay as such cases have to be re-assessed by me.

There is no doubt that there is a fresh impetus with the opening of the new Clinic, and I hope it will go from strength to strength as, with a rapidly growing industrial city like Coventry, there will be growing difficulties in the upbringing of children.

At present there is one psychiatric session at the Child Guidance Centre but this will have to be increased if further therapy has to be undertaken, and this also depends on the staff available at the new Centre."

The total number of children seen was as follows:—

*Coventry and Warwickshire Hospital.*

(a) New cases	...	...	...	...	...	...	72
(b) For treatment	...	...	...	...	...	...	449
							<hr/> 521

*Types of cases:—*

Behaviour disorders (including delinquency)	...	16
Nervous and mental disorders	...	36
Bedwetters	...	10
Very dull and backward and mentally deficient	...	5
Various	...	5
		<hr/> 72

*Child Guidance Centre.*

(a) New cases	...	...	...	...	...	...	38
(b) For treatment	..	...	...	...	...	...	101
							<hr/> 139

*Types of cases:—*

Behaviour disorders	...	...	...	...	...	13
Nervous and mental disorders	...	...	...	...	...	17
Bedwetters	...	...	...	...	...	2
Very dull and backward	...	...	...	...	...	6
						<hr/> 38

**Child Guidance Centre.**

Mrs. P. E. Hedges, Educational Psychologist, reports as follows:—

"As the result of negotiations with the Regional Hospital Board in April, 1952, Dr. Gillman was appointed as Consultant Psychiatrist at the Child Guidance Centre for one session each week.

At the same time the School Medical Officer arranged for the Senior Assistant School Medical Officer to conduct a medical examination on each child accepted for treatment at the Child Guidance Centre and for other children where a physical examination seemed desirable.

Number of cases referred during 1952:—

Behaviour, emotional and social problems	...	...	103
Educational problems	...	...	206
Psychological Reports required	...	...	78
			<hr/> 477

30 children were referred by the School Medical Officer. 26 of these received treatment and suitable recommendations were made for the remainder.

The Psychiatrist was consulted in about 38 cases referred from all sources. He conducted regular psychotherapy with 11 of these children and saw a parent of 3 others regularly. 18 were transferred to play groups by the Educational Psychologist. Suitable recommendations were made for the remainder.

One child received psychiatric treatment in hospital. 20 of these 38 children had made satisfactory progress by the end of the year.

77 children were medically examined by the Senior Assistant School Medical Officer.

During the year, 252 children were referred to the Educational Psychologist as dull and backward and the names of 112 of these were forwarded to the School Medical Officer with a view to ascertainment as educationally sub-normal."

### **Chiropody.**

Report of Mr. A. T. E. Freke, School Chiropodist :—

"During the year, Clinics were held on Wednesday and Friday mornings at the Central School Clinic.

1,019 treatments were given

284 new cases were seen

235 patients were discharged cured

The waiting list remains at 18, the lowest it has been for 4 years, although it is anticipated that the numbers will gradually increase as the New-Year Examinations by the School Medical Officers take place.

12 patients were referred to the Orthopaedic Clinic during the year for further advice and treatment.

2 cases were referred to the Skin Specialist at the Coventry and Warwickshire Hospital with multiple warts.

One school was visited during the year and 137 children were examined, 12 of whom were referred to the Clinic for treatment.

Clinic facilities have been cramped again, but this is a difficulty which it is hoped will be overcome in the New Year."

### **Dental Treatment.**

The following is a report by Mr. Raeside, Senior Dental Officer :—

"It is with regret and deep concern that I have to report another disappointing year in the working of the School Dental Service, as the situation has shown no improvement during the twelve months under review.

The staff remained at three full time dentists, and when it is pointed out that these officers were responsible for a school population of over 43,000 in addition to Maternity and Child Welfare Work the magnitude of the task will be realised. It was found possible to inspect only a very small percentage of children in the schools, and as in the previous three years, the efforts of the staff were again entirely devoted to the relief of pain and the eradication of sepsis: under the circumstances very little time could be devoted to conservative treatment.

Advertisements for additional staff which appeared at frequent intervals during the year met with no success and the response to an appeal to local dental practitioners for temporary assistance to relieve the acute situation was not very encouraging. However, as a result of this appeal, one local dental surgeon, Mr. Stonehouse, offered his services for one session per week, and he commenced duty at the Clinic on the 20th November. It will be realised that the position in Coventry, like most other Authorities throughout the country, is very serious, and calls for immediate overhaul of the whole scheme so that



adequate staff can be obtained to provide treatment for the priority classes.

The real solution to the problem appears to be extending the service in clinics, as experience has shown that treatment for the greater proportion of schoolchildren can most advantageously be carried out in close conjunction with their general education.

Continuity of service is a vital factor in the practice of children's dentistry and the only effective means of giving satisfactory dental treatment to the thousands of children in the country is by means of a salaried service entirely devoted to the treatment of children.

The problem of providing orthodontic treatment still remains serious as it has not been possible to undertake this specialised work to any great extent with the depletion of staff. Only a few cases were actually treated at the Clinic and a limited number requiring more prolonged treatment were referred to Mr. Breakspear.

As this particular branch of dentistry is of vital importance it was felt that steps should be taken to try and improve the position, and as a result a definite scheme has now been approved and arrangements made with Mr. Breakspear to undertake an agreed number of cases during 1953 and thereafter annually. The treatment is to be carried out in his own private surgery in accordance with the agreed scale of fees. The time devoted to the Maternity and Child Welfare treatment was approximately one session per week, and it should be noted that under present circumstances only emergency treatment can be offered to these patients.

During the year 230 visits were made by expectant and nursing mothers, and 487 visits by Infant Welfare children. Two visits were made to Wyre Farm Camp School to inspect the boys in residence and arrangements were subsequently made to carry out the treatment when the camp was closed down and the boys were home for the holiday period.

Full details of the various forms of treatment carried out during the year are given in the accompanying table."

			Primary and Secondary	Infant Welfare	Ante- Natal	Totals
Fillings—Permanent	..	..	2,887	—	5	2,892
Fillings—Temporary	..	..	330	10	—	340
Extractions—Permanent	..	..	1,131	—	248	1,379
Extractions—Temporary	..	..	10,779	601	—	11,380
Other Operations	..	..	1,351	15	20	1,386
Administration of General Anæsthetics	..	..	1,632	213	62	1,907
Attendances	..	..	11,289	487	230	12,006

### Ear, Nose and Throat Sessions.

Mr. W. Ogilvy Reid, Ear, Nose and Throat Consultant, reports as follows:—

"I am still very satisfied with the working of the Ear, Nose and Throat Clinic at Gulson Road, and my only regret is that I can still only manage to attend once a month. In the intervals the School Nurse carries out treatment on aural cases which I advise and her keenness and that of the staff generally is much appreciated. Special

cases are still being referred to the Out-Patients Department at the Coventry and Warwickshire Hospital for personal supervision.

The co-operation and liaison between the Central School Clinic and the Hospital Service has continued throughout the year and is of considerable value to the Ear, Nose and Throat Clinic."

The following is a report by Mr. P. E. Roland, Ear, Nose and Throat Consultant :—

"The E.N.T. Clinics have been as busy as ever during the past year and the character of the work done has changed little. The long waiting list for appointments has been reduced by a temporary increase of sessions, and children are now seen within a few weeks of the appointments being asked for.

The increased number of children seen meant that more cases were referred for operation, putting an additional strain on the staff of the Coventry and Warwickshire Hospital, co-operation with whom has been as close as ever. I have not been able to take many children to Rugby for operation during the past year, but some beds were made available for Coventry children at Bramcote. Though the wait for routine tonsil and adenoids operations is still several months, it is now shorter than it has been for many years.

I should like to express my thanks to Dr. Clayton and his medical, nursing and clerical staff for their constant help and co-operation."

### **Heart and Rheumatic Clinic.**

Dr. H. Parry Williams, the consultant pædiatrician, reports :

"During last year 45 new cases were seen at the Heart and Rheumatic Sessions carried out at the Central School Clinic, Gulson Road, and there were 346 attendances.

During the year Dr. Paul Davidson was appointed Consultant Cardiologist to both the Coventry Group and the Warwick Group, and catheterisations are being carried out. It is hoped with this, and angiocardiology, to make a more exact diagnosis in any case of congenital heart disease. A complete classification of cases should now be possible.

During the last six months it has been the experience of pædiatricians in this group that acute rheumatism has become very much more frequent, with resultant cardiac involvement, I should say that in the future more cases of rheumatic carditis will be seen, probably during routine examination by School Medical Officers. It is rather surprising that for seven to eight years after the war acute rheumatism was very infrequent, and now it is our experience that we have five or six cases in the ward at a time. This undoubtedly will lead to further cardiac invalidism among children during the next few years. We are following up the cases that have been in hospital, but obviously some cases will be mild in their acute attack, and cardiac lesions may subsequently appear during the next five years.

The co-operation, which has been a feature of our work in the past is still maintained. It makes everything very pleasant."

### **School Ophthalmic Clinic.**

Mr. J. W. Bishop, the School Ophthalmic Surgeon, reports :—

"During the course of 1952 the waiting list of children requiring ophthalmic examination in the eye clinic, with the help of Dr. Charlotte Clark, has been reduced to negligible proportions. There is still a waiting list for children requiring orthoptic treatment but this list has been kept under control by the hard work of both Mrs. Cadenhead and Mrs. Whitelaw and towards the end of the year by Miss Pamela Davies. Unfortunately at the end of the year Mrs. Cadenhead for family reasons gave up her orthoptic work and I would

like in this report to take the opportunity of expressing my thanks for her co-operation and the hard work she has done whilst she has been working at the School Clinic.

The end of 1952 marks the start of a new service or perhaps it would be more accurate to say the same service under new surroundings for the schoolchildren requiring ophthalmic examination. As from the 1st January, 1953, all school ophthalmic examinations will be conducted at the Coventry and Warwickshire Hospital, the clinics for schoolchildren being kept entirely separate from the ordinary out-patients clinics. The clinics will be run in exactly the same way as they were at Gulson Road but the increased space, the facilities for the prescribing of drugs under the hospital service, and the facility for referring children to other Specialist clinics will enable a much better service to be given to the schoolchildren. When the change-over was discussed, there were certain misgivings on the part of the City Authorities regarding the advisability of the change-over. I hope as 1953 progresses, they will realise that nothing but good will come of the altered arrangements.

Finally, I would like to express my thanks to the Nursing Staff of the School Clinic for it is only with their co-operation that the smooth running of the Clinic has been possible."

### **Orthoptic Treatment.**

Mrs. A. J. Whitelaw reports as follows :—

"During the year a total of 3,298 attendances were made in this department and 221 new cases were registered.

Of the 27 cases discharged as cured, 4 had surgical as well as orthoptic treatment. Sixteen children were discharged as Orthoptically Satisfactory, which infers that their orthoptic condition is good, but that in some respect their tests would not quite meet the recognised Standard of Cure. The number of cases discharged as Cosmetically Satisfactory, i.e. having excellent appearances as a result of surgery but not having attained Single Binocular Vision, was 10. Altogether 59 operations were carried out.

We had to refuse 6 cases as unsuitable for treatment, and the parents of one child refused to allow an essential operation. Four children were transferred to other Orthoptic Departments, and 10 cases ceased to attend although all were offered a second or even third chance to continue treatment.

In October the work of the department was made very much easier by the welcome arrival of Miss Pamela Davies, who was able to reduce the waiting list and then to take over the work of Mrs. Cadenhead, whose services we were sorry to lose in December.

The end of 1952 also saw the end of the School Clinic Orthoptic Department which has now become amalgamated with the Orthoptic Department of the Coventry and Warwickshire Hospital."

### **Orthopædic Arrangements.**

The Coventry Paybody Orthopædic Clinic has continued with its good work during the year. Children suffering from orthopædic defects are referred by School Medical Officers, Mr. Freke (School Chiropodist) and family Doctors.

A total number of 513 schoolchildren outpatients were seen by the Orthopædic Surgeon at Paybody Clinic, Holyhead Road, the necessary treatment being provided such as remedial exercises under supervision, massage, physiotherapy treatment and surgical appliances. Suitable cases were referred for operation. A detailed list and report of all schoolchildren seen is supplied by Miss Miller, Secretary to the Paybody Orthopædic Clinic, weekly. This list is of considerable help to our Medical Officers approved by the Ministry of Education for the purpose of ascertainment, in connection with the physically handicapped pupil. A detailed table of all defects found on examination follows.

## TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPÆDIC CLINIC.

*Year ending December, 1952.*

<i>Defects.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Tuberculous Arthritis ... ..	—	1	1
Claw feet ... ..	1	—	1
Pes Planus ... ..	39	44	83
Valgoid Ankles ... ..	17	22	39
Valgoid Heels ... ..	3	3	6
Genu Varum ... ..	4	—	4
Kyphosis ... ..	—	2	2
Lordosis ... ..	2	—	2
Hammer Toe ... ..	5	2	7
Genu Valgum ... ..	14	18	32
Osteochondritis ... ..	—	1	1
Poor Posture ... ..	9	5	14
Pes Cavus ... ..	7	3	10
Scoliosis ... ..	2	7	9
Hallux Valgus ... ..	3	15	18
Metatarsus Varus ... ..	1	—	1
Claw Toes ... ..	2	2	4
Valgoid Feet ... ..	5	11	16
Perthe's Disease ... ..	4	—	4
Webbed Toes ... ..	1	—	1
Overlapping Toes ... ..	—	3	3
Hallux Rigidus ... ..	1	1	2
Schlatters Disease ... ..	1	6	7
Torticollis—left sided ... ..	3	3	6
„ —right sided ... ..	1	1	2
Ganglion ... ..	—	1	1
Anterior Poliomyelitis ... ..	3	1	4
Osteomyelitis ... ..	2	—	2
Spastic—right sided hemiplegia ... ..	1	1	2
Toes Turn in ... ..	6	6	12
Deformed Toes ... ..	3	2	5
Curled Toes ... ..	1	1	2
T.B. Knee (Quiescent) ... ..	1	—	1
Miscellaneous ... ..	60	104	173
Apophysitis (Bilateral) ... ..	1	—	1
Tenosynovitis ... ..	2	—	2
Plantar Verruca ... ..	1	—	1
Cyst ... ..	3	—	3
Bursa ... ..	1	1	2
Hemiplegia ... ..	1	—	1
Synovitis ... ..	1	2	3
Talipes Equino Varus ... ..	1	1	2
Over-riding Toes ... ..	2	1	3
Post Polio ... ..	—	1	1
Epiphysitis ... ..	1	—	1
Underlying Toes ... ..	—	1	1
T.B. Spine ... ..	1	—	1
Pseudoarthrosis of left tibia ... ..	—	1	1
Cyst on great right toe ... ..	—	1	1
Bunion on right foot ... ..	—	1	1
Spondylolisthesis ... ..	1	—	1
Sub-ungual exostosis, right great toe ... ..	—	1	1
Mallet deformity of 2nd toe ... ..	1	—	1
Mobile cyst ... ..	—	1	1
Splay feet ... ..	—	2	2
T.B. Humerus ... ..	1	—	1
Cerebral palsy-athetoid ... ..	1	—	1
Exostosis of os-calcis ... ..	—	1	1
Flat everted feet ... ..	1	—	1
Congenital deformity of left arm ... ..	1	—	1
Totals ... ..	232	281	513



## Speech Therapy.

The following is a report by Miss B. Carr, Speech Therapist, Central School Clinic, Gulson Road :—

"The Speech Therapy Clinic at Gulson Road continues to receive a wide variety of interesting cases. As the waiting list has been reduced because of the appointment of additional speech therapists, it is now possible to devote more time to individual children who need more than one lesson a week or supervised practice.

In the Autumn four pupils from the Grove Special School were handed over to the care of Miss Glover. These children all have major defects of speech and they are benefiting from more frequent speech therapy given in their school surroundings.

The therapist continues to receive valuable aid from the Audiometric Department at the Coventry and Warwickshire Hospital. It is a great help to the children to be able to have the advantage of audiometric tests, lip reading and auditory training in conjunction with speech therapy."

The following are the year's figures from my Clinic:—

Attendances ... ..	2167
No. of new cases ... ..	86
No. of cases treated or now under treatment ... ..	155
No. of interviews with parents ... ..	543
No. of cases discharged ... ..	33
No. of cases discharged temporarily ... ..	66
No. of cases found unsuitable for speech therapy ... ..	2
No. of cases on waiting list at 31st December, 1952 ... ..	10

The following is a report by Miss D. Glover, Speech Therapist, Stoke Heath Clinic :—

"Five sessions a week were held at Stoke Heath Branch Clinic during the first part of the year, and during the latter part of the year the number was increased to seven sessions a week.

One of these sessions was devoted to the treatment of pre-school children, who, in addition to having a Speech Defect were also bad mixers, many of them being only children.

The results have been most satisfactory—even the most nervous children gaining confidence to a marked degree.

## GROVE SPECIAL (E.S.N.) SCHOOL.

Clinics have been held twice weekly since the beginning of the Autumn term.

A variety of cases are under treatment including one of high frequency deafness and one of cleft palate and cerebral palsy combined.

## CORLEY OPEN AIR SCHOOL.

Corley has been visited weekly since the beginning of the Autumn term and many children treated.

It is noticeable that the improvement in the child's speech usually goes hand-in-hand with his improved physical condition."

## Report of the Superintendent School Nurse.

Mrs. B. E. Mackie, Superintendent School Nurse, reports as follows :—

"The follow up of children discharged from Corley Open Air School has been continued during 1952 and has been welcomed by parents. Where mothers are out at work the School Nurses make their visits in the evening.

There has been a considerable increase in the number of visits paid on account of verminous conditions, both in the schools and in the homes. School visits show an increase of 268, visits to homes 235. A number of follow-up visits are made by School Nurses to find out reasons for non-attendances at Clinics, and particularly in the case of ascertainment under Handicapped Pupils and School Health Regulations 1945, to ensure attendance by unco-operative parents. It is such a waste of School Medical Officers' time if cases requiring intelligence quotients do not turn up when given an appointment. Full use continues to be made of the morning cleansing sessions at Gulson Road School Clinic and when a mother accompanies her child she is encouraged to do the cleansing herself under the supervision of a School Nurse. When other members of the family are found to be infected every effort is made to persuade them to attend the Clinic and a number of pre-school children are cleansed in this way.

A considerable amount of clerical work is necessary for every School Nurse who carries out her job efficiently. This is a point which is often overlooked by people outside the School Health Department."

The following is a tabulation of visits made by School Nurses during 1952.

Verminous conditions	...	...	...	...	...	489
R.M.I. follow up	...	...	...	...	...	125
Corley Open Air School follow up	...	...	...	...	...	219
Tuberculosis Contacts	...	...	...	...	...	80
Ear, Nose and Throat Clinic follow up	...	...	...	...	...	8
Hospital appointments	...	...	...	...	...	15
Social case-work	...	...	...	...	...	26
Unspecified	...	...	...	...	...	596
Ineffective	...	...	...	...	...	377
Visits to school for routine cleansing inspection	...	...	...	...	...	1053
Visits to Nursery schools	...	...	...	...	...	362

### Diphtheria Immunisation.

As in previous years the Assistant School Medical Officers carried out sessions in the Schools and one morning per week was set aside for the purpose.

1945	...	...	146 cases	5 deaths of which none were immunised
1946	...	...	115	„ 4 „ „ „ „ „ „
1947	...	...	53	„ 2 „ „ „ „ „ „
1948	...	...	12	„ NIL
1949	...	...	12	„ 2 „ „ „ „ „ „
1950	...	...	7	„ NIL
1951	...	...	3	„ NIL
1952	...	...	NIL	„

### Wyre Farm Camp School.

There were 117 boys (153 in 1951) admitted to the Camp School during the year. All the boys are medically examined before admission and return to the school after the school holidays. The following is the report submitted by Dr. Stanbury on behalf of the Medical Officer, Dr. J. S. Jerome:—

"1952 was a healthy year in the school, and there was in fact a reduction of 15% in the number of cases admitted to the Sick Bay, as compared with the previous year. There were also fewer fractures and other substantial injuries.

An attempt was made to reduce the incidence of enuresis by the administration of various medicaments at night time; there was some improvement in individual cases, but a few were quite unaffected by treatment, and remain a minor problem to the staff.

Diet continues to be satisfactory, and the boys make good physical progress. There is every evidence that they lead a life well balanced between work and play, and under these conditions excessive illness rarely disturbs the life of the school.

### Milk and Meals in Schools during 1952.

Miss Piggins, School Meals Organiser, reports:—

“3,612,785 meals (3,261,469 children and 351,316 adults) were served during 1952. The daily average rose from 17,800 to 19,400 during the course of the year. 46.40% of the numbers on roll were having meals when the last return was made to the Ministry in October.

The following new kitchens were opened:—

Baginton Fields Central Kitchen	...	...	January
Copthorne School Canteen	...	...	June
Radford School Canteen	...	...	January
Parkgate School Canteen	...	...	September
St. Thomas More's School Canteen	...	...	September
Howes School Canteen	...	...	September
Limbrick Wood School Canteen	...	...	November

Allesley Central Kitchen closed in April.

Stanton Bridge changed from a Central Kitchen to a self-contained Canteen in January, 1952.

According to statistics called for by the Ministry of Education, on three specific dates during 1952, the percentage of children present at school and receiving free one-third pints of milk per day was 83.4% in February, 1952, 85.8% in June, 1952, and 86.4% in October, 1952. The actual figures were:—

#### February

No. of children present at school	...	...	35,820
No. of children receiving free milk	...	...	20,778

#### June

No. of children present at school	...	...	37,532
No. of children receiving free milk	...	...	32,136

#### October

No. of children present at school	...	...	38,526
No. of children receiving free milk	...	...	33,331

### Physical Training.

The following is a report of the Organisers of Physical Training (Mrs. G. W. Grant and Mr. J. F. McCarthy), viz:—

“The past year's work has contained nothing new in a general sense which will merit special mention of this Report and consequently our review will again be concerned with those aspects of physical education in Coventry which continue to afford satisfaction and concern and which have been commented upon in previous Reports.

Physical Education, generally, continues to progress in spite of the handicaps imposed by the unsuitable conditions under which it has, too often, to be conducted. The Primary Schools are better off now than the Secondary Schools so far as Halls and Playing Fields are concerned and it is fair to say that the standard of work in the Primary Schools is very good. We are unfortunately faced with the serious possibility of losing this advantage when children come to the Secondary stage unless something can be done to afford the older boys and girls the opportunity of being trained and coached in those activities for which they have an aptitude. In this country outdoor training is cut very severely by the weather and training of any kind is ineffective unless it is progressive and regular. Without proper indoor accommodation, therefore, it is almost impossible to bring children to a full

and complete appreciation of their own ability and capability in those branches of Physical Education which should prove a source of recreational and social pleasure throughout their lives.

Swimming, which is such a popular sport, seems to be sentenced to a term of restriction of facilities which ignores its importance and value to the fitness and welfare of the whole community. This matter has been mentioned in every Report we have made since 1945 and the fact that there has been no increase in the number of Swimming Baths in the City since one of the Foleshill Baths was repaired is very disheartening to the many teachers ready, willing and able to teach their classes to swim. Without the support and active help of the Baths Superintendent and his staff it would be quite impossible to achieve any worthwhile success in the teaching of swimming. The Schools Swimming Association works hard in and out of school hours to coach and bring to competition standard those children who have some ability in this sport.

Games and Athletics are well taught in schools and it need only be said that the results of this teaching, when seen in competition, indicate that the standard of performance in Coventry is at least as good as anywhere in the Midlands. Very many girls and boys show remarkable keenness to pursue these activities after leaving school and they do it with satisfaction to themselves and the teachers who continue to be interested in them."

### Secondary Grammar Schools.

The following number of medical examinations in respect of new entrants were conducted during the year :—

Barr's Hill School	...	...	...	...	90
Churchfield High School	...	...	...	...	87
Leamington College	...	...	...	...	4
Priory High School	...	...	...	...	90
Stoke Park School	...	...	...	...	90
King Henry VIII	...	...	...	...	90
Technical Secondary	...	...	...	...	87
Bablake	...	...	...	...	63
John Gulson	...	...	...	...	90

### INFECTIOUS DISEASES.

Age Group—5 and under 15 years.

Figures are also given for comparison with the previous year.

	1952	1951
Diphtheria	—	3
Erysipelas	2	2
Scarlet Fever	305	185
Para-Typhoid Fever	1	10
Cerebro-spinal Meningitis	3	3
Acute Anterior Poliomyelitis	12	46
Respiratory Tuberculosis	31	18
Other forms of Tuberculosis	6	12
Dysentery	32	34
Acute Primary Pneumonia	19	13
Acute Influenzal Pneumonia	—	5
Measles	1541	1168
Whooping Cough	161	257
Food Poisoning	26	80
Totals	2139	1845

**Deaths of Children of School Age—5 years to 15 years are as follows:—**

Road Accidents ... ..	6
Tuberculosis (Respiratory) ... ..	2
Tuberculosis (Other) ... ..	1
Other Infective and Parasitic Diseases ... ..	1
Leukæmia (Aleukemia) ... ..	2
Heart Disease ... ..	1
Nephritis and Nephrosis ... ..	2
Other Defined and Ill-Defined ... ..	5
Total ... ..	20

**Clinic Sessions.**

The current arrangements in regard to clinic sessions are set out below :—

**CENTRAL SCHOOL CLINIC, GULSON ROAD.**

*Minor Ailments Clinics*, each afternoon and Saturday mornings.  
Cleansing each morning.

*Medical Officer appointments* :—  
Afternoons, Monday to Friday.  
Saturday mornings.

*Chiropody* :—  
By appointment, Wednesday and Friday mornings.

*Child Tuberculosis Contact Clinic* :—  
Friday mornings.

*Dental Clinic* :—  
By appointment each day and Saturday mornings.

*Ear, Nose and Throat Clinic* :—  
By appointment Monday mornings and in addition every fourth Wednesday afternoon.  
Treatment sessions every afternoon (includes “infra-red” Treatment).

*Eye Clinic* :—  
Tuesday, mornings and afternoons.  
Wednesday afternoons.

*Heart and Rheumatic Clinic* :—  
By appointment alternate Thursday afternoons.

*Orthoptic Clinic* :—  
Monday afternoons.  
Tuesday mornings.  
Thursdays and Fridays, all day

*Ringworm—X-ray treatment* :—  
By appointment at Coventry and Warwickshire Hospital.

*Scabies Clinic* :—  
Each day, Monday to Friday.

*Speech Therapy* :—  
Each day, Monday to Friday.

*Sunlight Clinic* :—  
Tuesday mornings and Friday afternoons.



## BRANCH CLINICS.

*Longford Park :—*

Medical Officer in attendance Friday afternoon from 3.45 p.m.  
 School Nurse in attendance every afternoon.

*Templar's :—*

Medical Officer in attendance Tuesday and Friday afternoons  
 from 3.30 p.m.  
 School Nurse in attendance every afternoon.

*Binley :—*

School Nurse in attendance Wednesday afternoons from 2 p.m.  
 Medical Officer attends by arrangement.

*Stoke Heath :—*

School Nurse in attendance Monday and Thursday afternoons.  
 Medical Officer in attendance Thursday afternoons.

*Speech Therapy.*

Tuesday afternoon.  
 Wednesday all day.  
 Thursday afternoon.  
 Friday afternoon.

# Attendances at the Clinics during 1952: —

35

CONDITIONS	Central School Clinic, Gulsion Road		Blinley School Branch Clinic		Longford Park School Branch Clinic		Templars Branch Clinic		Wyken Croft Branch Clinic		Stoke Heath Branch Clinic	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
<b>Skin:—</b>												
Ringworm—scalp—												
X-ray treatment..	—				5		3					
Other treatment..	1				2		—					
Ringworm body..	3				—		37		2		8	
Scabies ..	46				6		49		13		15	
Impetigo ..	47		3		19							
Other skin diseases	39											
<b>Eye Disease:—</b>												
Blepharitis ..	4				1		22		2		1	
Conjunctivitis ..	37		4		2		24		8		5	
Styes ..	19		4		12		32		12		1	
Other ..	—				—		—		—		—	
<b>Ear Defects:—</b>												
Otorrhoea ..	23		2		6		5		2		—	
Wax ..	52		2		2		2		1		2	
Other ..	57		—		—		—		—		—	
<b>Miscellaneous:—</b>												
Septic conditions ..	105		27		11		184		35		25	
Skin infections ..	4		111		70		120		90		17	
Boils ..	26		4		38		75		4		6	
Chilblains ..	16		5		17		23		8		5	
Warts ..	11		44		31		72		38		4	
Injuries ..	139		76		321		755		82		32	
Other conditions ..	184		34		244		322		50		38	
<b>Totals ..</b>	<b>813</b>	<b>9350</b>	<b>335</b>	<b>608</b>	<b>787</b>	<b>1943</b>	<b>1725</b>	<b>3370</b>	<b>347</b>	<b>681</b>	<b>169</b>	<b>345</b>

**MEDICAL INSPECTION RETURNS.****Year ended 31st December, 1952.****Table I.****Medical Inspections of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).****A. PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the Prescribed Groups.

Entrants	..	..	..	4138
Second Age Group	..	..	..	3417
Third Age Group	..	..	..	2337
			Total	9892
Number of Other Periodic Inspections			..	1113
			GRAND TOTAL	11005

**B. OTHER INSPECTIONS.**

No. of Special Inspections	..	..	1030
Number of Re inspections	..	..	755
		Total	1785



Table II.

A. Return of Defects found by Medical Inspection in the  
Year ended 31st December, 1952.

<i>Defect or Disease</i>	<i>Periodic Inspections</i>		<i>Special Inspections</i>	
	<i>No. of Defects</i>		<i>No. of Defects</i>	
	<i>Requiring Treatment</i>	<i>Requiring to be kept under observation, but not requiring treatment</i>	<i>Requiring Treatment</i>	<i>Requiring to be kept under observation, but not requiring treatment</i>
(1)	(2)	(3)	(4)	(5)
Skin ... ..	9	8	—	—
Eyes—				
a. Vision ... ..	330	37	46	3
b. Squint ... ..	12	3	—	—
c. Other ... ..	4	4	1	1
Ears				
a. Hearing ... ..	14	7	9	2
b. Otitis Media ... ..	2	4	1	—
c. Other ... ..	4	7	4	—
Nose or Throat ... ..	333	116	26	4
Speech ... ..	36	14	24	5
Cervical Glands ... ..	3	2	—	—
Heart and Circulation	48	27	3	1
Lungs ... ..	78	36	3	3
Developmental—				
a. Hernia ... ..	9	5	—	1
b. Other ... ..	8	16	—	1
Orthopædic—				
a. Posture ... ..	31	3	1	—
b. Flat Foot ... ..	66	29	8	1
c. Other ... ..	80	32	7	2
Nervous System—				
a. Epilepsy ... ..	—	2	2	—
b. Other ... ..	12	5	2	2
Psychological—				
a. Development ... ..	62	12	76	34
b. Stability ... ..	7	5	1	—
Other ... ..	179	87	26	8

B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants .. ..	4138	2450	59.207	1643	39.705	45	1.088
Second Age Group	3417	1686	49.342	1693	49.546	38	1.112
Third Age Group	2337	1009	43.175	1311	56.098	17	0.727
Other Periodic Inspections	1113	632	56.783	452	40.611	29	2.606
Total ..	11005	5777	52.494	5099	46.334	129	1.172

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group (1)	For defective vision (exclu- ding squint) (2)	For any of the other conditions recorded in Table II.A (3)	Total individual pupils (4)
Entrants ... ..	80	571	651
Second Age Group ... ..	123	307	430
Third Age Group ... ..	113	145	258
Total (prescribed groups) ...	316	1023	1339
Other Periodic Inspections...	14	80	94
Grand Totals ...	330	1103	1433

Table III.

INFESTATION WITH VERMIN.

(1) Total number of examinations in the schools by the school nurses or other authorized persons ... ..	1053
(2) Total number of individual pupils found to be infested	1464
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	0
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	754

**Table IV.**

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

**GROUP I.****DISEASES OF THE SKIN** (excluding uncleanliness, for which see Table III).

SKIN					Number of cases treated or under treatment during the year	
					by the Authority	otherwise
Ringworm—1. Scalp	...	...	...	...	5	5
2. Body	...	...	...	...	8	1
Scabies	...	...	...	...	46	—
Impetigo	...	...	...	...	103	—
Other skin diseases	...	...	...	...	154	—
Total	..				316	6

**GROUP II.****EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

					Number of cases dealt with	
					by the Authority	otherwise
External and other, excluding errors of refraction and squint	...	...	...	...	121	—
Errors of Refraction (including squint)					1736	62
Total	...				1857	62
Number of pupils for whom spectacles were						
(a) Prescribed	...	...	...	...	1068	58
(b) Obtained	...	...	...	...	1815	—

**GROUP III.****DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.**

					Number of cases treated	
					by the Authority	otherwise
Received operative treatment:—						
(a) for diseases of the ear	...	...	...	...	—	—
(b) for adenoids and chronic tonsillitis					1019	—
(c) for other nose and throat conditions					—	—
Received other forms of treatment	...				203	—
Total	...				1222	—

GROUP IV.  
ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ... ..	77	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	513

GROUP V.  
CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Centre	elsewhere
Number of pupils treated at the Child Guidance Clinics ... ..	477	72

GROUP VI.  
SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ... ..	144	—

GROUP VII.  
OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	3513	—
(b) Other than (a) above (specify)		
1. Chiropody ... ..	367	—
2. Eyes ... ..	190	—
3. Ears ... ..	156	—
4. Ultra Violet Light ... ..	184	—
Total ...	4410	—

Table V.

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a) Periodic Age Groups	...	...	...	...	...	5260
(b) Specials	...	...	...	...	...	5895
Total						11155
(2) Number found to require treatment						
(3) Number referred for treatment	...	...	...	...	...	7315
(4) Number actually treated	...	...	...	...	...	5846
(5) Attendances made by pupils for treatment	...	...	...	...	...	11280
(6) Half-days devoted to: Inspection						
Treatment	...	...	...	...	...	24
Total						1503
(7) Fillings: Permanent Teeth						
Temporary Teeth	...	...	...	...	...	2887
Total						330
(8) Number of teeth filled: Permanent Teeth						
Temporary Teeth	...	...	...	...	...	2150
Total						317
(9) Extractions: Permanent Teeth						
Temporary Teeth	...	...	...	...	...	1131
Total						10770
(10) Administration of general anæsthetics for extraction						
Total						11910
(11) Other operations: Permanent Teeth						
Temporary Teeth	...	...	...	...	...	1632
Total						1156
Total						195
(11) Other operations: Permanent Teeth						
Temporary Teeth	...	...	...	...	...	1351
Total						1351



**HANDICAPPED PUPILS.**

Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1952, (b) in Special Schools at 31st December 1952, and (c) awaiting admission to Special Schools

TYPE OF HANDICAP	Ascertained during year	Total number of pupils in Special Schools	Total number awaiting admission to Special Schools
Blind ... ..	1	8	—
Partially Sighted ... ..	5	7	5
Deaf ... ..	1	32	2
Partially Deaf ... ..	1	8	2
Delicate ... ..	127	76	84
Diabetic ... ..	—	1	—
Educationally Sub-normal:—			
Boarding School ... ..	17	26	24
Day Special School ... ..	50	101	105
Ordinary School ... ..	24	—	—
Epileptic ... ..	11	5	7
Mal-adjusted ... ..	14	13	19
Physically Handicapped ... ..	67	10 (Boarding) 96 (Day)	12
Speech Defects ... ..	144	—	45
Found to be:—			
(a) Ineducable ... ..	36	—	—
(b) In need of supervision after leaving school ... ..	43	—	—
TOTALS	541	383	305